

Bi-Weekly BDDS Meeting for Case Managers and Providers September 9, 2020



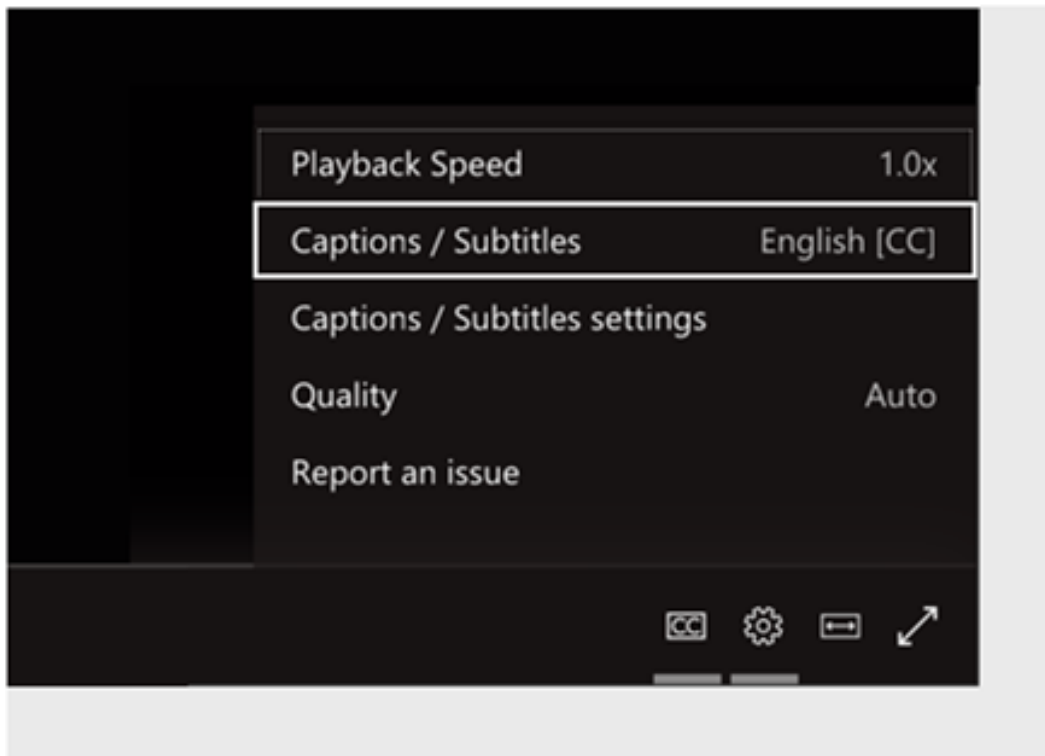
Before We Get Started...



How to Use Live Captions

To turn on live captions and subtitles, select **Captions/Subtitles On**  in your video controls.

To change the caption language, select **Settings**  > **Captions / Subtitles**, and choose the language you want.





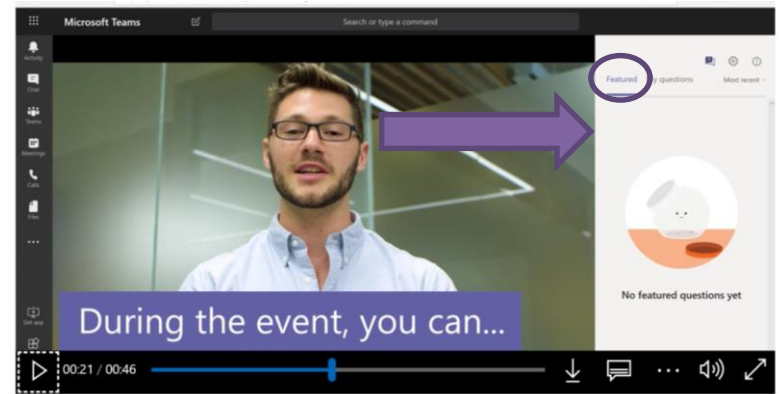
How to Ask a Question

- 1.) Select Q&A on the right side of the screen
- 2.) Type your question in the compose box, and then select Send.
- 3.) Your question will only be visible to the presenters
- 4.) Questions will be answered as time permits.



How to Sign-In for Today's Meeting

- 1.) Look for the Q&A box on the right side of the screen.
- 2.) Under the Featured list, look for the link to the sign-in sheet.
- 3.) Select the link, fill-in the form, and click complete.



Welcome and Today's Agenda

- Introductions
- DDRS Goals
- COVID-19 Data Update
- Mask Mandate
- New Resources Available



DDRS Goals for COVID-19 Efforts

Help prevent the spread of COVID-19 and keep people alive

Operationalize flexibilities

Provider network maintained

Empower person-centered decision-making for self-advocates, families, case managers, and providers



Image by: McChrystal Group & NASDDDS



COVID-19 Data:

Total Number of BDDS COVID Positive Cases



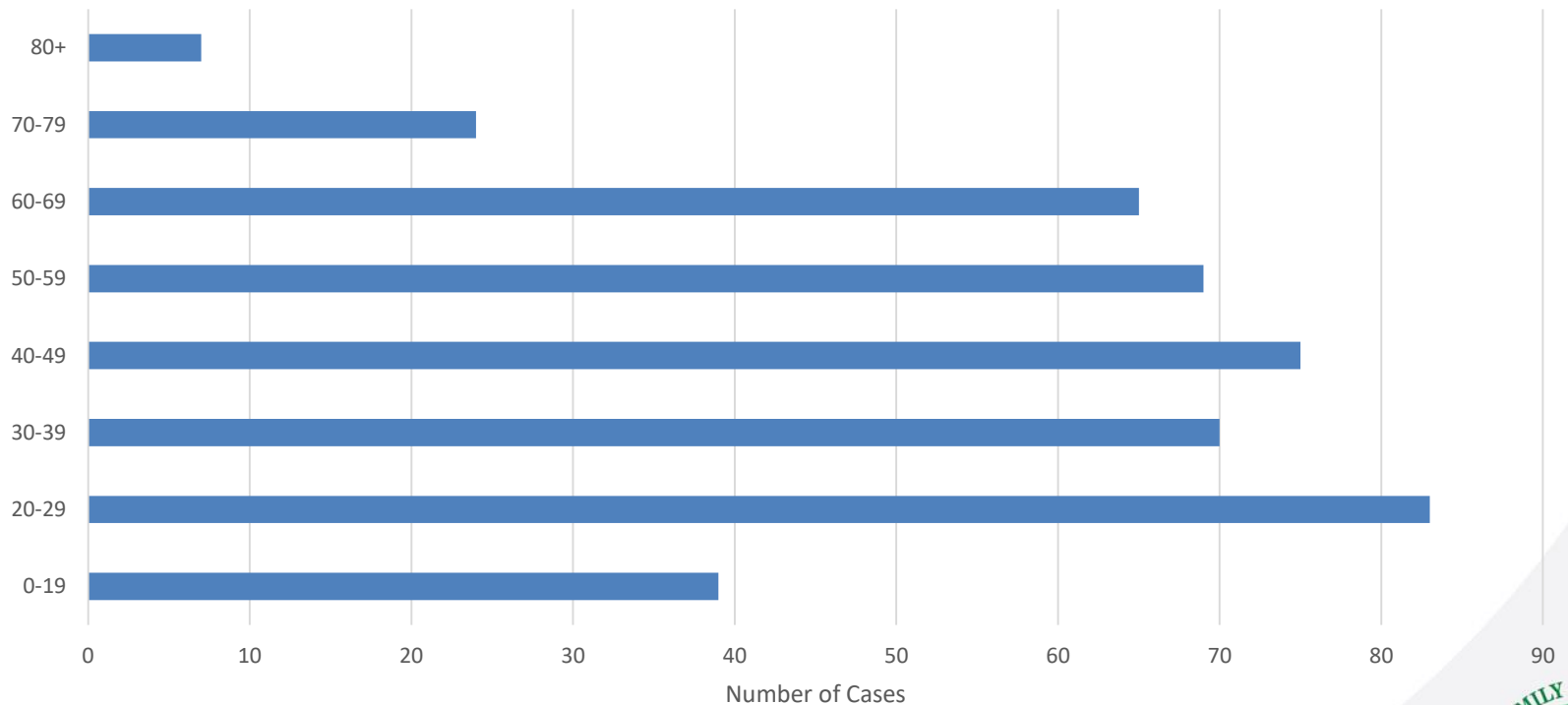
Total Cases: 431
Total COVID-Related Deaths: 17



COVID-19 Data: Age Among Unique COVID Positive Cases

Age (Group)

Number of Cases
As of 9/8/20



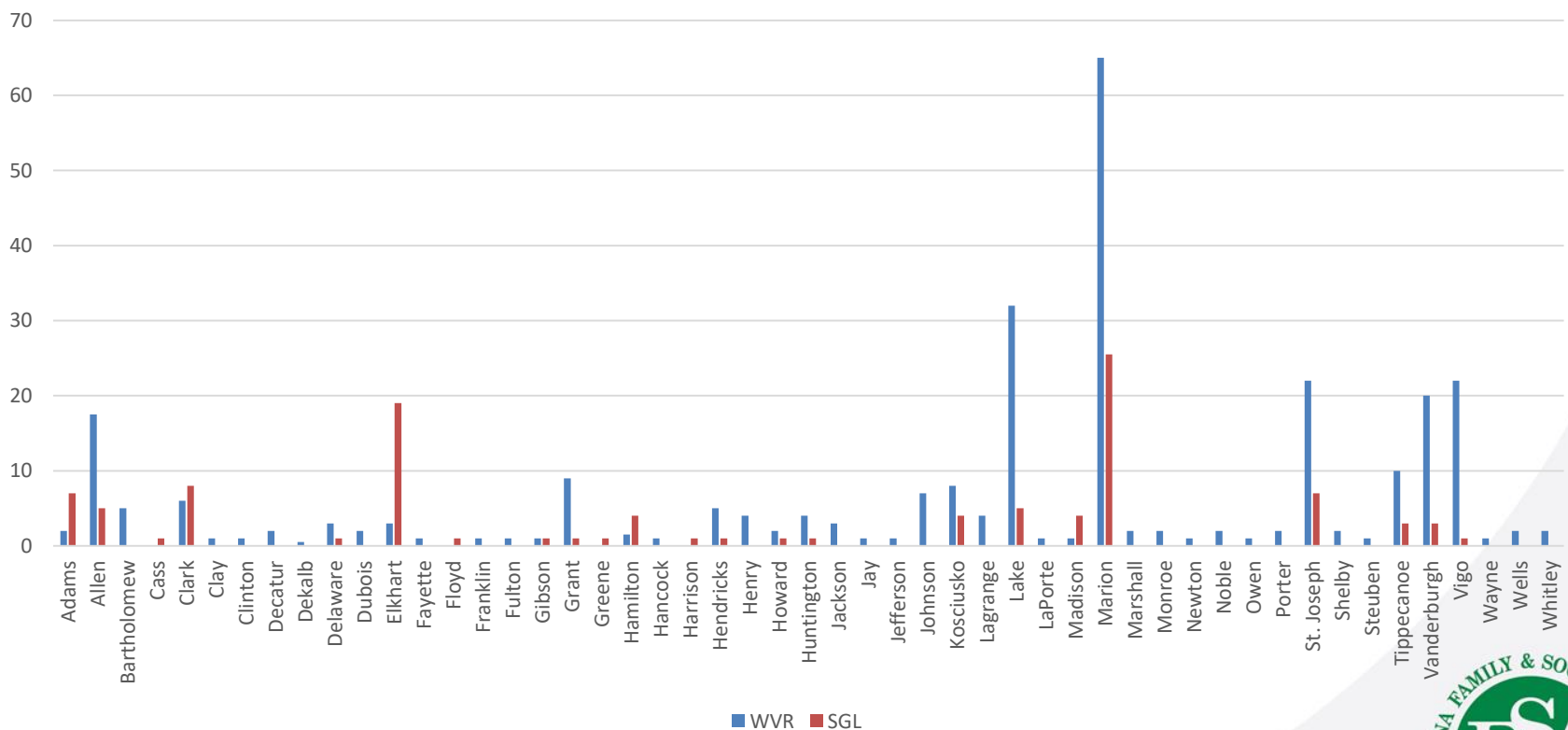
COVID-19 Data: Positive Staff Cases by County and Funding Type

Positive Staff Cases

by County/Funding Type

Total Cases = 394

Data as of 9/8/2020



Total COVID-related deaths- 4



State-wide Face Covering Mandate

Executive Order 20-42 Extended

Reminder: a person's home may be your work space

- Staff are responsible to adhering to the mask mandate
- Staff should be given directives when it may appropriate to remove their mask. Examples may include:
 - staff using bathroom
 - 15 minute breaks outside or lunch breaks
 - outdoor activities that allow for at 6 feet of social distancing
 - physical assistance and/or participation in physical activity/exercising/swimming **with** the individual



Therapeutic Leave for ICF/ID

Modifies the current limit of 60 calendar days of therapeutic leave to 180 days of therapeutic leave per calendar year.

Waives the requirement for a physician's order for therapeutic leave.

SGL providers can bill the leave rate when an individual is on therapeutic leave for up to 180 days per calendar year.

Flexibilities extended to December 31, 2020.

If an individual is admitted to a Nursing Facility, the provider must discharge the individual.

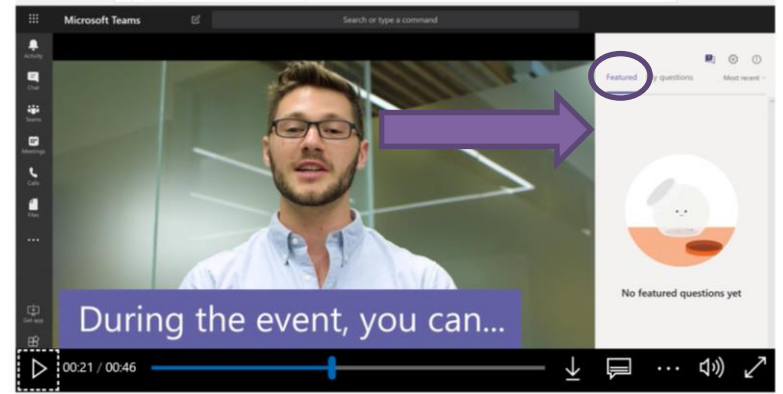
The team should be meeting and documenting the use of therapeutic leave and plan for transitioning the individual back home.





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New BDDS Materials Available

Fact Sheets available in English, Spanish and Burmese.

- About BDDS
- About the Community Integration & Habilitation Waiver
- About the Family Support Waiver
- Family Support Waiver Checklist

Fact Sheets on the CIH & FSW Renewal along with these specific services:

- Environmental Modifications
- Family & Caregiver Training
- Remote Supports

All are available on the BDDS Home Page



An Example: Remote Support Services

Provides information on:

- Service definition
- Service available to – anyone on the FSW or CIH
- How it can be used
- Examples & Success Stories



New Appendix K Materials Available

- Updated Guidance on Temporary Policy Changes Available Now
- Coming soon: Updated FAQ, Decision Making Tool for Family as Paid Caregivers, Guidance for Families

All are available on the DDRS COVID-19 Home Page



Appendix K Highlights: Telemedicine

Services include:

Case Management

Behavior Management

Therapies, including PT, OT, Speech, Psychological, Music, and
Recreational

Extended Services

Wellness Coordination

Family and Caregiver Training

Providers of these services are essential workers therefore when necessary and when typical precautions can be observed, appropriate face to face meetings should occur. The delivery of these services via telemedicine should be **at the direction and request of the individual and/or guardian.**



Appendix K Highlights: Sleep Staff

Allow for staff to stay overnight in the residence in **emergent situations** where an **individual has been quarantined to their home with staff due to COVID-19 exposure or positive testing**, and **no other staff or means to support the individual** have been established (remote supports, family or natural supports).

Allows for a **maximum of 30 days** from the initial determination. During this time period the team will be required to determine and plan for alternate supports as soon as feasible.



Appendix K Highlights: Family As Paid Caregivers

Paid parent caregivers of minors:

will be allowable when the **minor child and/or current direct support professional have tested positive for or a confirmed exposure of COVID-19 exists. Up to 40 hours but not exceeding current plan approved units and up to 30 consecutive days per occurrence**

- PAC, Day Habilitation & RHS only

May not be used to supplant or replace services that would otherwise be funded by and the responsibility of another funding source, such as a school district, to provide

Adult Spouses as paid caregiver:

will be allowable when **the individual and/or current direct support professional have tested positive for or a confirmed exposure of COVID-19 exists. Up to 40 hours but not exceeding current plan approved units and up to 30 consecutive days per occurrence**

- PAC & SFC only



Appendix K Highlights:

40 Hour Rule

Updated to reflect changes in renewal

- **RHS & PAC** may be provided in excess of 40 hours per week per paid relative to adults when the **individual and/or current direct support professional tested positive for COVID-19 up to a total of 30 consecutive days per occurrence.**



Appendix K Highlights: Provider Enrollment & Reverification



Appendix K Highlights:

Provider Criminal History Checks

Will accept a copy of a limited criminal history check conducted through the Indiana Central Repository within the last 6 months from another entity

To address delays in receiving limited criminal history checks, the provider may hire without having the completed check.

- However, they must be able to document that they have REQUESTED the limited criminal history check **prior to hire**
- And, **document that the employee has successfully completed** checks through:
 - County level criminal history check
 - ISDH nurse aide registry
 - OIG-HHS Exclusion Database



COVID-19 Individual and Family Survey

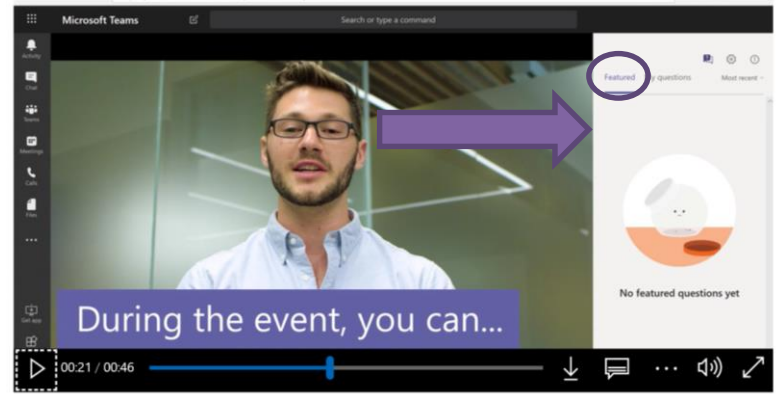
- BDDS values the collaboration and input from the individuals and families who use our services and would like to hear from them on their experiences and opinions on accessing and utilizing our services during the COVID-19 public health emergency.
- Two surveys have been developed to assist BDDS in responding to trends and enhancing the services received.
- Individuals and families who are receiving services through the Family Supports or Community Integration and Habilitation waivers or Supervised Group Living (SGL) can access the survey through the [DDRS Update](#) dated September 8, 2020.
- Case managers and providers may obtain a copy of the [DDRS Update](#) for individuals and families from the Resource page of the BDDS Portal.





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Scenario #1: Michael

Michael is a 59 year old who resides in a Supervised Group Living (SGL\group home) setting.

Michael developed cellulitis in his left leg. Michael also has poor circulation in his lower extremities. He was receiving treatment in his home for the cellulitis but it continued to worsen.

Michael's physician admitted him to the hospital to get IV antibiotics and to monitor the circulation in his left leg.

He was in the hospital for one week and then Michael returned to his home at the SGL.

Michael's sister visited him at his home a few days after he returned from the hospital.



Scenario #1: Michael

Michael and his sister have always been close but her work schedule has always made it difficult for her to visit. Michael's sister is a nurse and has recently retired.

His sister asked him if he would like to come stay with her for a while so she could help him with his recovery while also spending some quality time with him. Michael liked the idea of spending time with his sister.

Michael, his sister, and the rest of his IST discussed via phone Michael and his sister's desire for him to stay with her for a while.

The BDDS Service Coordinator used the Integrated Supports Star to facilitate discussion around the supports Michael has and what he may need when he visits with his sister.

Personal Strengths & Assets: Michael is kind, laid-back, and enjoys talking to others. He likes to tell stories about growing up in his small town. He enjoys spending time with people his age or older. He is a very good conversationalist. He is very relational and values his friends and family..



Scenario #1: Michael

Technology: Michael has a big TV that he likes a lot! His sister has a TV that is not quite as big as Michael's is but he is okay with that. Michael uses the house phone when he talks to his sister and friends, as he does not have a cell phone. His sister does not have a house phone but instead uses her iPhone. Michael would like to get a cell phone so it was agreed that his sister would purchase him an iPhone and add him to her plan. While Michael is visiting, she will teach him how to use it.

Community: Michael attends church every Sunday. During the pandemic, his church is not meeting in person but the service is being livestreamed. Michael wishes to continue this and his sister will ensure that he has the opportunity to do so.



Scenario #1: Michael

Relationships: Michael is good friends with two of the other men in the home. He wants to keep in touch with them. The Home Manager volunteered to use her iPhone so that the men can facetime with Michael while he is staying at his sisters. Michael also is close with several of the staff in the home. Michael said he would like to Facetime with the staff once he has an iPhone and learns how to use it.

Eligibility Specific: Michael had been attending day program prior to the pandemic. Even though the day program has been open for some time now, Michael has not been attending due to his cellulitis and hospitalization. Michael wants to return eventually but does not feel like he is ready yet. It was agreed that he needs to time heal and improve his strength and stamina.

The SGL provider confirmed that both Michael and his sister had recently tested negative for COVID-19 and both passed the screening process prior to the sister visiting him at his home.

The team discussed that Michael can take therapeutic leave from the SGL for up to 180 days due to flexibilities established by DDRS due to COVID-19.

Michael and his sister said they would like Michael to visit for at least 6 weeks and maybe longer, depending on who quickly Michael gets his strength back.



Scenario #1: Michael

It was agreed by all IST members that:

- the SGL provider will maintain contact with Michael on at least a weekly basis;
- the SGL provider's nurse will coordinate any follow up medical appointments with Michael and his sister;
- the SGL provider will ensure that when medications are auto refilled, Michael and his sister are notified so that they can pick them up;
- Michael can return to the SGL whenever he wishes though the provider would prefer 24 hour notice for staffing reasons;
- Michael and his sister will take all necessary precautions during the time they are together to reduce risk of exposure to COVID-19 including wearing masks when in public, social distancing, and frequent hand washing.

Michael does not need to obtain a physician's order for the therapeutic leave as this requirement has been waived by BDDS in response to the public health emergency.



Scenario #2: Marley

Marley is a 10 year-old girl who receives services on the Family Support Waiver. Currently she is using PAC, Music Therapy and Recreational Therapy. Recently Marley went back to school where the school was practicing COVID-19 precautions.

Unfortunately within the first week of school resuming there were a number of positive cases within the school that included staff and students. One of the confirmed positive tests included Marley's teacher. Because the teacher has a confirmed positive test for COVID, Marley and her classmates have been quarantined to their home for the next 14 days and will be offered virtual learning.

The school has advised Marley's family and the other families in the class that if a child begins to show symptoms they should be tested as soon as possible. They also advised that if any student is showing symptoms or receives a positive test then they will be required to wait another 14 days after symptoms have subsided for 24 hours before they will be allowed to return to in person learning.



Scenario #2: Marley

Marley's mom works full time outside of the home and becomes concerned about who will be willing to take care of Marley during this 14-day quarantine and even more if Marley gains symptoms and/or tests positive. Marley's mom calls her waiver case manager to inquire about what her options could be for support for at least the next 14 days and possibly the next 29 days. Marley's case manager uses the integrated supports star to determine options.



Scenario #2: Marley

Personal Strengths & Assets: Marley responds well to routine and familiar people. Marley enjoys her classmates and the interactions with them at school. Marley is creative and enjoys writing stories. Her family, friends and teachers really enjoy listening to Marley read the stories she wrote out loud. Marley's parents are very flexible while also supporting Marley's need for routine and familiar faces. Marley's parents have utilized private babysitting services for short periods of time when they were struggling to find appropriate staff.



Scenario #2: Marley

Relationships: Marley's grandparents are a very positive part of her life and she spends a lot of time with them. They are in a high-risk category due to their age and accompanying health conditions therefore they will not be able to have face to face contact with Marley during her quarantine. Marley also has many friends at school. She has one friend in particular from her class that she goes to their house to play sometimes and the friend's parents have always been comfortable supporting Marley's needs while she is in their home. Marley's mom reached out to them to see if they would be willing to allow the girls to be together during quarantine and the families split the days evenly to provide care and help them with their virtual learning. Unfortunately that was not an option because the other family wants to completely quarantine their daughter in hopes that she doesn't get it and test positive. Marley has many family members including adult cousins, aunts and uncles who all live fairly close so they all see each other regularly but they all work full time jobs and are unable to assist.



Scenario #2: Marley

Technology: The school has provided the students in quarantine a Chromebook for their virtual learning. While Marley enjoys games and YouTube videos she struggles to maintain attention to virtual lessons. The school's resource teacher has also provided Marley with a visual timer and visual schedule help her stay focused during her online lessons and know what to expect next.

Community Based: Marley's private pay caregiver through an agency is willing to help out some days and times but she is also a college student so her availability is limited. Mom contacted the agency to see if they may have someone available who would be a good fit. They said they would post the job and let her know if anyone becomes interested but advised mom that it would very difficult due to the confirmed exposure to find someone willing. Marley's mom contacted their church's child care program but due to having a confirmed exposure they were not willing to have Marley come to their program.



Scenario #1: Marley

Eligibility Specific: Marley's mom called her PAC provider who stated that the current staff didn't feel comfortable coming until Marley was out of the 14-day quarantine and showing no signs or symptoms. They also stated that they didn't have any other staff available at this time.

Marley's case manager informed mom that she could use the Appendix K flexibility for family as paid caregiver due to Marley having a confirmed exposure and no other supports are available to assist. She further explained that it can only be used for up to 30 days per occurrence so if the school extended the classroom quarantine or decided to make it school wide, 30 consecutive days will be all that is available. Lastly, she explained that mom can only be the paid caregiver for the number of PAC units that is existing and being used on the plan. Marley's mom is thankful and relieved that she is able to utilize this temporary flexibility to support Marley through this time.



Scenario #3: Amy, Michelle, and Barbara

Sleep staff

- Allows for staff to stay overnight in the residence in emergent situations where an individual has been quarantined to their home with staff due to COVID-19 exposure or positive testing, and no other staff or means to support the individual have been established (remote supports, family or natural supports).
- Allows for a maximum of 30 days from the initial determination. During this time period the team will be required to determine and plan for alternate supports as soon as feasible.



Scenario #3: Amy, Michelle, and Barbara

Amy, Michelle, and Barbara live together receiving supports on the CIH waiver. In addition to residential habilitation, the individuals participate in day programming at the same location. There are 4 regular staff who provide residential supports.

Last weekend, Amy had a temperature and began coughing. In addition, Michelle indicated she was not feeling well. The nurse completed an assessment and after consulting with the PCP, it was determined that all three ladies in the home should be tested for COVID. While awaiting results, the PCP indicated they should remain at home quarantined. After waiting 24 hours, all three testes came back positive.

The residential provider notified all team members of the positive results and the homes quarantine status. Any persons who had been in contact with the individuals were notified of the need to be tested.



Scenario #3: Amy, Michelle, and Barbara

During this time period, one of the regular staff had a family emergency and had to take a week off. The other three remaining staff, even though they were not showing symptoms, were tested as per the company protocol. All three came back positive as well.

Staffing the home has been difficult in the past, and with one staff down, and the home being COVID positive and under quarantine, bringing a new staff person in and potentially exposing them was not advised. The RHS provider scheduled a zoom meeting with all of the IST's to discuss the current emergent situation. The provider plans to discuss utilizing the Appendix K flexibility that allows for staff to stay overnight in the residence in emergent situations where an individual has been quarantined to their home with staff due to COVID-19 exposure or positive testing and there are no other staff or means to support the individual.



Scenario #3: Amy, Michelle, and Barbara

Utilizing the integrated supports star, the teams discuss the current supports available:

Personal Strengths and Assets: All three women have lived together for several years. They get along well and enjoy each other's company. They are very outgoing and enjoy participating in a variety of activities. Their staff have been stable for the past year for the first time in several years and they have developed a close relationship with each other and lean on each other for support.

Technology: The ladies have a home commuter which they share. Prior to their day services reopening, they were able to participate in day programming virtually. In addition Amy has a smart phone she utilizes to keep in touch with her parents.



Scenario #3: Amy, Michelle, and Barbara

Community: Prior to the pandemic, the ladies participated in Special Olympics, attended church regularly, and visited the library on a weekly basis. During these activities they formed connections with many individuals.

Relationships: Amy's parents are elderly and at high risk for complications if they should contract COVID. Barbara has a sister, but she lives in another state. Michelle's family lives nearby and visits often. There are several church members the ladies have developed relationships with through bible study groups.

Eligibility Specific: RHS supports, Day Services, and Case Management. The teams review the remote supports fact sheet to see if this would be supportive doing this time.



Scenario #3: Amy, Michelle, and Barbara

As a result of this discussion the teams developed a plan with the following highlights:

- The three current staff have agreed to be quarantined with the individuals in the home for a period of 14 days. During this time, the provider will allow for sleep staff utilizing the Appendix K flexibility.
- The nurse will check in daily to monitor individual's symptoms and address any needs.
- The case managers would update the CCB's to move the day service hours into RHS.
- Food and other necessities will be porch dropped to ensure no contact until the quarantine is lifted.
- Knowing the allowance is temporary for a maximum of 30 days, the IST's arrange for a follow up meeting in two weeks to discuss potential alternate supports and the time period for this allowance.



Scenario #3: Amy, Michelle, and Barbara

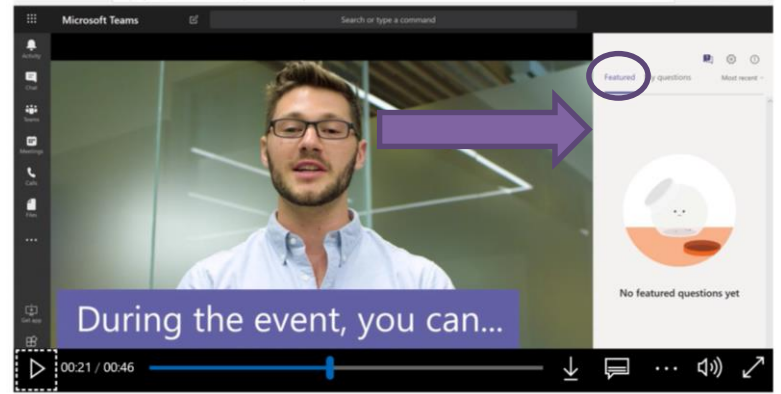
- The need to continue past the quarantine period up to the maximum of 30 days will be revisited at the 14 day mark.
- In the meantime, the teams will explore the possibility of remote supports for the evening hours as soon as feasible. Not only will this allow for supervision during nights, but may assist ongoing needs when staff call in sick or are unable to be there.
- All individuals in the home may resume day programming and other activities after being cleared by their doctors.





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- The Next BDDS Meeting for Case Managers and Providers is scheduled for **September 23rd** from 3:30 pm - 4:30 pm EDT
- Information on how to access the meeting will be sent via DDRS Announcement.
- BDDS / BQIS Questions:
BQIS.Help@fssa.in.gov

